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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
STOWERS RESOURCE MANAGEMENT INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1000 EAST 50TH STREET
Suite

City or town, state or country, and ZIP + 4
KANSAS CITY, MO 64110

D Employer identification number
41-2186719

E Telephone number
(816)926-4000

G Gross receipts $ 448,509,868

F Name and address of principal officer
RICHARD W BROWN
1000 EAST 50TH STREET
KANSAS CITY, MO 64110

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW STOWERS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2005

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
STOWERS RESOURCE MANAGEMENT'S EXEMPT PURPOSE IS TO SUPPORT, BENEFIT AND CARRY OUT THE PURPOSES OF ITS SUPPORTED ORGANIZATIONS THOSE EXEMPT ORGANIZATIONS PERFORM RESEARCH IN BASIC CELL AND MOLECULAR BIOLOGY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	139
6	Total number of volunteers (estimate if necessary)	**6**	8
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	42,019,514	29,217,806
9	Program service revenue (Part VIII, line 2g)	17,223,930	19,103,094
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	142,820,848	58,991,839
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,804	31,817
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,206,096	107,344,556
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	79,507,600	147,000,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,669,388	15,622,783
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶552,644		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,006,408	12,956,727
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	107,183,396	175,579,510
19	Revenue less expenses Subtract line 18 from line 12	95,022,700	-68,234,954

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,072,415,838	1,221,717,886
21	Total liabilities (Part X, line 26)	210,432,263	201,764,686
22	Net assets or fund balances Subtract line 21 from line 20	861,983,575	1,019,953,200

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2013-08-07

RICHARD W BROWN PRESIDENT/ CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶ PRICEWATERHOUSECOOPERS LLP			Firm's EIN ▶	
Firm's address ▶ 1301 K STREET NW STE 800W WASHINGTON, DC 200053333			Phone no (202) 414-1000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 17,408,304 including grants of $ 0) (Revenue $ 0)

MANAGEMENT OF ENDOWMENT - SRM PARTICIPATES IN THE MANAGEMENT OF STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") FOR THE PURPOSE OF FINANCIALLY SUPPORTING SIMR TO INSURE SIMR'S ABILITY TO CONTINUE ITS RESEARCH EFFORTS IN PERPETUITY

4b (Code) (Expenses $ 7,460,702 including grants of $ 0) (Revenue $ 18,899,203)

MANAGEMENT, ADMINISTRATIVE AND OPERATION SUPPORT SERVICES - SRM PROVIDES MANAGEMENT SUPPORT TO SIMR THAT INVOLVES ASSISTING IN PLANNING FOR THE STRATEGIC DIRECTION OF SIMR, OPERATIONAL PLANNING, AND DEVELOPMENT AND IMPLEMENTATION OF STRATEGIC BUSINESS PLANS AND BUDGETS SRM ALSO PROVIDES ADDITIONAL ADMINISTRATIVE AND OPERATION SUPPORT SERVICES TO SIMR THAT INCLUDE HUMAN RESOURCES, ACCOUNTING, INFORMATION TECHNOLOGY, AND OTHER OPERATION SUPPORT ACTIVITIES FOR WHICH SRM ALLOCATED COSTS TO SIMR IN THE AMOUNT OF $18,899,203 IN 2012 AS REPORTED ON PART VIII STATEMENT OF REVENUE LINE 2A, WITH RELATED INFORMATION ON SCHEDULE O

4c (Code) (Expenses $ 147,000,000 including grants of $ 147,000,000) (Revenue $ 203,891)

FINANCIAL SUPPORT - SRM MONITORS THE FINANCIAL NEEDS OF SIMR SO SIMR CAN CONDUCT ITS MEDICAL RESEARCH IN THE PUBLIC INTEREST AND MAKES CONTRIBUTIONS TO SIMR TO SUPPORT THEIR MEDICAL RESEARCH ACTIVITIES THE CONTRIBUTIONS ARE MADE AS DETERMINED BY SRM'S BOARD OF DIRECTORS AFTER REVIEW OF FINANCIAL INFORMATION, BUDGETS, STRATEGIES, AND OTHER RELEVANT INFORMATION IN 2012, SRM PROVIDED $90,000,000 TO SIMR FOR ENDOWMENT SUPPORT AND $57,000,000 TO BIOMED VALLEY CORPORATION ("BVC"), A RELATED 501(C)(3) ORGANIZATION, FOR ENDOWMENT SUPPORT

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 171,869,006

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	46		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	139		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶J SCOTT PETTET 1000 EAST 50TH STREET KANSAS CITY, MO (816) 926-4000

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES E STOWERS JR DIRECTOR	2 0 4 0	X						0	0	0
(2) VIRGINIA G STOWERS DIRECTOR	2 0 2 0	X						0	0	0
(3) JAMES E STOWERS III DIRECTOR	2 0 0 0	X						0	0	0
(4) CLIFFORD W ILLIG DIRECTOR	2 0 2 0	X						0	0	0
(5) ALLAN J HUBER DIRECTOR	2 0 0 0	X						0	0	0
(6) ROBERT E PETERSON DIRECTOR	2 0 0 0	X						0	0	0
(7) GINA KAISER DIRECTOR	2 0 0 0	X						0	0	0
(8) LOWELL C KRUSE DIRECTOR	2 0 0 0	X						0	0	0
(9) WILLIAM B NEAVES DIRECTOR	2 0 46 0	X						0	451,681	50,423
(10) ROBERT E KRUMLAUF DIRECTOR	2 0 42 0	X						0	648,060	52,200
(11) DAVID M CHAO DIRECTOR	2 0 44 0	X						0	1,201,745	38,824
(12) RICHARD W BROWN DIRECTOR/CHAIR/PRESIDENT/CEO	40 0 10 0	X		X				1,821,753	0	48,692
(13) RODERICK L STURGEON DIRECTOR/EVP/CFO	40 0 12 0	X		X				1,220,119	0	52,614
(14) DAVID A WELTE DIRECTOR/EVP/GENERAL COUNSEL	40 0 12 0	X		X				1,024,683	0	55,968
(15) ALBERZINE FREEMAN VP OF ADMINISTRATION	40 0 0 0			X				282,695	0	46,932
(16) TIMOTHY JGEARY HEAD OF OPERATIONS & SERVICES	40 0 0 0					X		200,573	0	49,644
(17) J SCOTT PETTET DIR OF FINANCE & ACCOUNTING	40 0 0 0					X		177,158	0	43,330

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL NEWHOUSE HEAD OF INFORMATION MANAGEMENT	40 0 0 0					X		178,693	0	41,325
(19) STEPHEN L DEGENNARO DIRECTOR OF TELECOMMUNICATION	40 0 0 0					X		116,860	0	28,800
(20) JOSEPH D CARPENTER HEAD OF SECURITY	40 0 0 0					X		116,909	0	30,387

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	5,139,443	2,301,486	539,139

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 13

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BRYAN CAVE LLP , PO BOX 503089 ST LOUIS MO 631503089	LEGAL SERVICES	306,461
WILLAMETTE MANAGEMENT ASSOC , 8600 W BRYN MAWR AVE STE 950 N CHICAGO IL 60631	PROFESSIONAL SRVCS	124,079
PARRIS COMMUNICATIONS , 4510 BELLEVIEW SUITE 110 KANSAS CITY MO 64111	PROFESSIONAL SRVCS	326,670
AMERICAN CENTURY INVESTMENTS , 4500 MAIN STREET KANSAS CITY MO 64111	SEE SCH L, PART V	793,960
PRICEWATERHOUSECOOPERS LLP , PO BOX 75647 CHICAGO IL 60675	ACCOUNTING SERVICES	153,054

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☑

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	29,217,806			
	g	Noncash contributions included in lines 1a-1f $		1,012,426			
	h	**Total.** Add lines 1a-1f		29,217,806			
Program Service Revenue			Business Code				
	2a	REIMB FROM SIMR 501(C)(3)	900099	18,899,203	18,899,203		
	b	REIMB FROM BVD, RELATED ORG	900099	191,891	191,891		
	c	REIMB FROM SPI, RELATED ORG	900099	12,000	12,000		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		19,103,094			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		58,451,387			58,451,387
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	21,780				
	b	Less rental expenses					
	c	Rental income or (loss)	21,780	0			
	d	Net rental income or (loss)		21,780			21,780
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	341,705,764				
	b	Less cost or other basis and sales expenses	341,131,065	34,247			
	c	Gain or (loss)	574,699	-34,247			
	d	Net gain or (loss)		540,452			540,452
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	MO QUALITY JOBS REIMB	900099	7,102			7,102
	b	MO TIMELY FILING DISCOUNT	900099	2,935			2,935
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		10,037			
	12	**Total revenue.** See Instructions		107,344,556	19,103,094		59,023,656

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	147,000,000	147,000,000		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,553,455	4,098,110	364,276	91,069
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	7,722,433	6,950,188	617,796	154,449
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,080,232	972,208	86,419	21,605
9 Other employee benefits	1,578,259	1,420,433	126,261	31,565
10 Payroll taxes	688,404	619,564	55,072	13,768
11 Fees for services (non-employees)				
a Management	0			
b Legal	523,391		523,391	
c Accounting	144,054		144,054	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	279,836		279,836	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,931,517	1,738,366	154,521	38,630
12 Advertising and promotion	9,776	8,798	782	196
13 Office expenses	428,231	385,408	34,258	8,565
14 Information technology	363,990	327,591	29,119	7,280
15 Royalties . .	0			
16 Occupancy	3,388,607	3,049,746	271,089	67,772
17 Travel	122,523	110,271	9,802	2,450
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	304,420	273,978	24,354	6,088
20 Interest	226,501	203,851	18,120	4,530
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,405,843	1,265,259	112,467	28,117
23 Insurance	313,572	282,215	25,086	6,271
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MAINTENANCE EXPENSES	2,114,864	1,903,378	169,189	42,297
b OPERATION SUPPLIES	823,144	740,830	65,852	16,462
c DUES & SUBSCRIPTIONS	320,187	288,168	25,615	6,404
d NON-CAPITAL EQUIPMENT	176,343	158,709	14,107	3,527
e All other expenses	79,928	71,935	6,394	1,599
25 **Total functional expenses.** Add lines 1 through 24e	175,579,510	171,869,006	3,157,860	552,644
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		1,269,118	2	1,250,039
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		269,265	7	139,594
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		5,065,980	9	4,950,971
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,101,129			
	b	Less accumulated depreciation	10b 4,044,585	2,473,821	10c	2,056,544
	11	Investments—publicly traded securities		199,811,088	11	118,144,775
	12	Investments—other securities See Part IV, line 11		857,542,756	12	1,088,841,844
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		5,983,810	15	6,334,119
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,072,415,838	16	1,221,717,886
Liabilities	17	Accounts payable and accrued expenses		3,225,309	17	3,994,535
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		4,850,000	20	5,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		202,356,954	25	192,770,151
	26	**Total liabilities.** Add lines 17 through 25		210,432,263	26	201,764,686
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		861,983,575	27	1,018,071,302
	28	Temporarily restricted net assets		0	28	874,472
	29	Permanently restricted net assets		0	29	1,007,426
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		861,983,575	33	1,019,953,200
	34	Total liabilities and net assets/fund balances		1,072,415,838	34	1,221,717,886

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	107,344,556
2	Total expenses (must equal Part IX, column (A), line 25)	2	175,579,510
3	Revenue less expenses Subtract line 2 from line 1	3	-68,234,954
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	861,983,575
5	Net unrealized gains (losses) on investments	5	203,381,243
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	22,823,336
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,019,953,200

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC

Employer identification number
41-2186719

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☑

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		No
(ii) A family member of a person described in (i) above? **11g(ii)**		No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) STOWERS INSTITUTE FOR MEDICAL RESEARCH	202993509	04	Yes		Yes		Yes		90,000,000
Total									90,000,000

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC

Employer identification number
41-2186719

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	1,857,426				
c Net investment earnings, gains, and losses	25,405				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	933				
g End of year balance	1,881,898				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 53 532 %
- c Temporarily restricted endowment ▶ 46 468 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		65,863	11,248	54,615
c Leasehold improvements				
d Equipment		6,035,266	4,033,337	2,001,929
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,056,544

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) AMERICAN CENTURY CLASS A SHS	969,730,136	F
(B) AVANTI FUND LLC SHARES	119,111,708	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,088,841,844	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
ANNUITY DEBT	192,760,151
OTHER LONG TERM LIABILITIES	10,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	192,770,151

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART X, LINE 2		FIN 48 FINANCIAL STATEMENT FOOTNOTE FROM THE CONSOLIDATED STATEMENTS OF STOWERS INSTITUTE FOR MEDICAL RESEARCH (THE INSTITUTE), OF WHICH STOWERS RESOURCE MANAGEMENT, INC IS A SUPPORTING ORGANIZATION, IS AS FOLLOWS THE INSTITUTE RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED THE INSTITUTE CONSISTS OF SEVEN TAX-EXEMPT ENTITIES AS DESCRIBED IN SECTION 501(C) OF THE CODE THEREFORE, IT IS THE INSTITUTE'S TAX POSITION THAT THESE ENTITIES ARE EXEMPT FROM FEDERAL INCOME TAXES
PART V, LINE 4		THE FUNDS WILL BE USED TO ESTABLISH THE "PRISCILLA WOOD NEAVES ENDOWED CHAIR IN BIOMEDICAL SCIENCE" AT THE STOWERS INSTITUTE SPECIFICALLY, THE INSTITUTE WILL ESTABLISH THIS ENDOWED CHAIR BY INVESTING THE CORPUS IN PERPETUTITY, CREATING AN ENDOWMENT WHERE THE ANNUAL EARNINGS WILL BE ALLOCATED TO THE CURRENT HOLDER OF THE CHAIR TO BE USED IN THE PURSUIT OF THEIR INNOVATIVE RESEARCH

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC

Employer identification number
41-2186719

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) STOWERS INSTITUTE FOR MEDICAL RESEARCH 1000 E 50TH ST KANSAS CITY, MO 64110	20-2993509	501(C)(3)		90,000,000	FMV	FIXED INCOME SECURIT	SEE PART IV
(2) BIOMED VALLEY CORPORATION 1000 E 50TH ST KANSAS CITY, MO 64110	74-3238244	501(C)(3)		57,000,000	FMV	FIXED INCOME SECURIT	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PART I, LINE 2		SRM'S PURPOSE IS TO SUPPORT, BENEFIT, AND CARRY OUT THE PURPOSES OF ITS SUPPORTED ORGANIZATIONS FINANCIAL SUPPORT WAS GIVEN TO SIMR, SRM'S SUPPORTED ORGANIZATION, AND BIOMED VALLEY CORPORATION ("BVC"), A RELATED 501(C)(3) AS REPORTED ON SCHEDULE R, PART II SRM ALSO PROVIDES OTHER TYPES OF SUPPORT TO SIMR AND BVC INCLUDING SUPPORTING THE MANAGEMENT OF THEIR ENDOWMENT, MANAGEMENT, ADMINISTRATIVE, AND OPERATION SUPPORT SERVICES
PART II, LINE 1, COLUMN H		FINANCIAL SUPPORT TO ASSIST WITH SUPPORT ORGANIZATION'S SCIENTIFIC DISCOVERY AND GIFT ANNUITY OBLIGATION
PART II, LINE 2, COLUMN H		FINANCIAL SUPPORT TO ASSIST WITH BVC'S EXEMPT PURPOSE TO SUPPORT, BENEFIT, AND CARRY OUT THE PURPOSE OF ITS SUPPORTED ORGANIZATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC

Employer identification number
41-2186719

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
PART I, LINE 1A		SRM HAS A WRITTEN EMPLOYMENT CONTRACT WITH RICHARD W BROWN, PRESIDENT, WHICH PROVISIONS INCLUDE REIMBURSEMENT FOR SOCIAL CLUB DUES AND PERSONAL USE OF AUTO SRM HAS A WRITTEN EMPLOYMENT CONTRACT WITH RODERICK L STURGEON, EVP/CFO, WHICH PROVISIONS INCLUDE REIMBURSEMENT FOR PERSONAL USE OF AUTO, TERM LIFE INSURANCE, TAX PLANNING AND TAX RETURN FEES, AND FINANCIAL PLANNING SERVICES SRM HAS A WRITTEN EMPLOYMENT CONTRACT WITH DAVID A WELTE, EVP/GENERAL COUNSEL WHICH PROVISIONS INCLUDE REIMBURSEMENT FOR SOCIAL CLUB DUES AND LIFE INSURANCE ALL BENEFITS ARE TREATED AS TAXABLE COMPENSATION TO THE RECIPIENTS AND THEIR CONTRACTS ALSO PROVIDE FOR THE EXECUTIVES TO RECEIVE TAX GROSS-UP PAYMENTS SUFFICIENT TO COVER THE TAXES ON THE TAXABLE BENEFITS
PART I, LINE 1B		SRM PROVIDED THE BENEFITS DESCRIBED IN RESPONSE TO LINE 1A PURSUANT TO WRITTEN EMPLOYMENT CONTRACTS THAT WERE APPROVED BY SRM'S GOVERNING BOARD SEE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15 FOR ADDITIONAL PROCESSES RELATED TO DETERMINING SALARY AND BENEFITS FOR OFFICERS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 41-2186719
Name: STOWERS RESOURCE MANAGEMENT INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM B NEAVES	(I)	0	0	0	0	0	0	0
	(II)	444,269	0	7,412	37,500	12,923	502,104	0
ROBERT E KRUMLAUF	(I)	0	0	0	0	0	0	0
	(II)	457,072	0	190,988	37,500	14,700	700,260	0
DAVID M CHAO	(I)	0	0	0	0	0	0	0
	(II)	1,195,538	0	6,207	37,500	1,324	1,240,569	0
RICHARD W BROWN	(I)	1,787,848	0	33,905	37,500	11,192	1,870,445	0
	(II)	0	0	0	0	0	0	0
RODERICK L STURGEON	(I)	1,134,046	0	86,073	37,500	15,114	1,272,733	0
	(II)	0	0	0	0	0	0	0
DAVID A WELTE	(I)	971,812	0	52,871	37,500	18,468	1,080,651	0
	(II)	0	0	0	0	0	0	0
ALBERZINE FREEMAN	(I)	278,510	0	4,185	37,500	9,432	329,627	0
	(II)	0	0	0	0	0	0	0
TIMOTHY JGEARY	(I)	199,582	0	991	30,721	18,923	250,217	0
	(II)	0	0	0	0	0	0	0
J SCOTT PETTET	(I)	176,318	0	840	26,881	16,449	220,488	0
	(II)	0	0	0	0	0	0	0
MICHAEL NEWHOUSE	(I)	178,323	0	370	26,881	14,444	220,018	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC

Employer identification number
41-2186719

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HEALTH & ED FACILITIES AUTHORITY OF MO	43-1178966	60635HUV9	07-31-2003	215,000,000	SEE SCH K, PART VI		X		X		X
B	HEALTH & ED FACILITIES AUTHORITY OF MO	43-1178966	60635HVN6	07-31-2003	75,000,000	SEE SCH K, PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	0	0		
4	Gross proceeds in reserve funds	215,000,000	75,000,000		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	0	0		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	0		
11	Other spent proceeds	215,000,000	75,000,000		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2000	2005		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0%		0%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 (c)(3) organization, or a state or local government ▶	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X		X					
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
$215,000,000 BOND ISSUE SERIES	0	PART I, LINE A, COLUMN D - ORIGINAL ISSUE DATE OF JULY 26, 2000, AS FILED ON FORM 8038 MATERIAL MODIFICATION OF BOND INDENTURES WHEN AMENDED TO ALLOW AUCTION RATE PROVISION TREATED AS REISSUANCE UNDER NOTICE 88-130 FOR FEDERAL TAX PURPOSES WITH FORM 8038 FILING ON JULY 31, 2003, SO SRM IS FILING SCHEDULE K PART I, LINES A, COLUMN F - SRM AND STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") ARE THE TWO MEMBERS OF AN OBLIGATED BOND GROUP FOR THESE TAX-EXEMPT BONDS, SRM IS A SUPPORTING ORGANIZATION OF SIMR AS DESCRIBED IN SRM'S MISSION STATEMENT AND REPORTED ON SCHEDULE R THE BONDS WERE ISSUED FOR THE PURPOSE OF PURCHASING AN EXISTING MEDICAL CENTER AND SURROUNDING BUILDINGS, STRIPPING THE STRUCTURES TO THEIR INFRASTRUCTURE AND RECONSTRUCTING A STATE OF THE ART MEDICAL RESEARCH FACILITY FOR SIMR PART II, LINE 10 - BOND ISSUE INCLUDES A REFUNDING OF BOND SERIES ISSUED IN 1998 OF $125,000,000 AND REMAINDER WAS USED TO FINANCE CAPITAL EXPENDITURES AS DESCRIBED IN PART I, COLUMN F PART II, LINE 14 - $215,000,000 BOND ISSUE OF JULY 26, 2000, WAS PARTIALLY ISSUED TO RETIRE 1998 PRIOR BOND ISSUE OF $125,000,000 THE $125,000,000 BOND ISSUE WAS PAID OFF IN FULL IN OCTOBER 2000
$75,000,000 BOND ISSUE SERIES	0	PART I, LINE B, COLUMN D - ORIGINAL ISSUE DATE OF MARCH 15, 2002, AS FILED ON FORM 8038 MATERIAL MODIFICATION OF BOND INDENTURES WHEN AMENDED TO ALLOW AUCTION RATE PROVISION TREATED AS REISSUANCE UNDER NOTICE 88-130 FOR FEDERAL TAX PURPOSES WITH FORM 8038 FILING ON JULY 31, 2003, SO SRM IS FILING SCHEDULE K PART I, LINE B, COLUMN F - SRM AND STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") ARE THE TWO MEMBERS OF AN OBLIGATED BOND GROUP FOR THESE TAX-EXEMPT BONDS, SRM IS A SUPPORTING ORGANIZATION OF SIMR AS DESCRIBED IN SRM'S MISSION STATEMENT AND REPORTED ON SCHEDULE R THE BONDS WERE ISSUED FOR THE PURPOSE OF INTERIOR FINISH, FURNISHING AND EQUIPPING OF THE SHELL PORTION OF SIMR'S MEDICAL RESEARCH FACILITY THAT IS DESCRIBED ABOVE IN LINE A PART IV, OTHER BOND INFORMATION - IN RESPONSE TO THE VOLATILITY IN THE AUCTION RATE SECURITIES (ARS) MARKET, THE SEC'S DIVISION OF TRADING AND MARKETS AND DIVISION OF CORPORATE FINANCE ISSUED GUIDELINES UNDER WHICH THE SEC WOULD ALLOW ISSUERS TO BID ON AND REPURCHASE THEIR OWN SECURITIES THESE REPURCHASED BONDS ARE NOT LEGALLY RETIRED AND CAN BE RESOLD IN THE ARS MARKET BY THE ISSUER THE ORGANIZATION, OPERATING WITHIN THESE GUIDELINES, HAS BID ON AND PURCHASED SOME OF THEIR OWN SECURITIES ALL THE BONDS ARE PLACED UP FOR BID IN WEEKLY ARS AUCTIONS THE CARRYING AMOUNT OF THE TOTAL BONDS PAYABLE OUTSTANDING AT DECEMBER 31, 2012 IS $5,000,000 AS REPORTED ON FORM 990, PART X, BALANCE SHEET

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC

Employer identification number
41-2186719

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total			▶ $									

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AMERICAN CENTURY INVESTMENTS	SEE PART V	793,960	INDIRECT - SEE PART V		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
PART IV		CURRENT DIRECTORS AND OFFICERS OF SRM, RICHARD W BROWN, DAVID A WELTE, RODERICK L STURGEON, AND DAVID M CHAO ARE DIRECTORS OF AMERICAN CENTURY COMPANIES, INC ("ACCI") JAMES E STOWERS JR , A DIRECTOR OF SRM, IS ALSO THE FOUNDER OF ACCI SRM, ALONG WITH MR STOWERS, OTHER STOWERS FAMILY MEMBERS, AND OTHER RELATED PARTIES DISCLOSED IN SCHEDULE R RETAIN A CONTROLLING VOTING INTEREST IN ACCI SRM RECEIVES INVESTMENT MANAGEMENT SERVICES FROM AMERICAN CENTURY INVESTMENTS ("ACI") SRM PAYS THE SAME ADMINISTRATIVE FEES FOR THESE SERVICES AS ANY ARMS-LENGTH INVESTOR SRM PAID ACI FEES IN THE AMOUNT OF $238,460 TO MANAGE A SEPERATE INVESTMENT POOL AND ALSO HAD FEES DEDUCTED FROM SEPERATE MUTUAL FUND HOLDINGS THE VALUE OF THE MUTUAL FUND SERVICES, ESTIMATED BY MULTIPLYING SRM'S AVERAGE AMOUNT OF MUTUAL FUND HOLDING THROUGHOUT THE YEAR BY THE PUBLISHED ADMINISTRATIVE FEE PERCENTAGE FOR THE APPLICABLE MUTUAL FUNDS, WAS APPROXIMATELY $555,500, BRINGING THE TOTAL VALUE OF SERVICES TO APPROXIMATELY $793,960 IN SELECTING ACI TO MANAGE ITS LIQUID INVESTMENTS, SRM NOT ONLY SELECTED A HIGH QUALITY MUTUAL FUND COMPANY WITH AN OUTSTANDING TRACK RECORD, BUT ALSO PLACED ITS LIQUID INVESTMENTS IN A COMPANY IN WHICH IT OWNS STOCK AND RECEIVES DIVIDENDS SRM CURRENTLY OWNS 48% OF THE OUTSTANDING CLASS A STOCK OF ACI

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▸Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC

Employer identification number
41-2186719

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	1,007,426	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▸ (_____)				
26 Other ▸ (_____)				
27 Other ▸ (_____)				
28 Other ▸ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
PART I, COLUMN (B)		THE AMOUNT SHOWN IN PART I, COLUMN (B) FOR "NUMBER OF CONTRIBUTIONS" REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS, AND NOT NECESSARILY THE TOTAL NUMBER OF ITEMS CONTRIBUTED

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC

Employer identification number
41-2186719

Identifier	Return Reference	Explanation
PART III, LINE 1		THE STOWERS RESOURCE MANAGEMENT INC ("SRM") OPERATES EXCLUSIVELY WITHIN THE MEANING OF CODE SECTIONS 501(C)(3) AND 509(A)(3) SRM'S CHARITABLE PURPOSE IS TO SUPPORT, BENEFIT, AND CARRY OUT THE PURPOSES OF ITS SUPPORTED ORGANIZATION SRM CURRENTLY SUPPORTS STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") SIMR IS A TAX EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3), AND PUBLIC CHARITY DESCRIBED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(III) SIMR IS ACTIVELY ENGAGED IN SCIENTIFIC RESEARCH IN THE PUBLIC INTEREST SRM HELPS MANAGE SIMR'S ENDOWMENT, PROVIDES MANAGEMENT SUPPORT, AND FUNDRAISES FOR THEIR BENEFIT THE MANAGEMENT SUPPORT INVOLVES ASSISTING IN PLANNING FOR THE STRATEGIC DIRECTION OF SIMR, OPERATIONAL PLANNING, DEVELOPMENT, AND IMPLEMENTATION OF STRATEGIC BUSINESS PLANS AND BUDGETS THE CONTRIBUTIONS, GRANTS, AND INCOME FROM SRM'S ENDOWMENT ARE USED TO SUPPORT THE EXEMPT ACTIVITIES OF SIMR

Identifier	Return Reference	Explanation
PART VI, LINE 1A		THE BOARD HAS DELEGATED CERTAIN AUTHORITY TO AN EXECUTIVE COMMITTEE WHICH MAY EXERCISE DELEGATED POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF SRM THE MEMBERS OF THE EXECUTIVE COMMITTEE ALL SERVE ON THE BOARD

Identifier	Return Reference	Explanation
PART VI, LINE 2		JAMES E STOWERS JR , VIRGINIA G STOWERS, AND JAMES E STOWERS III, DIRECTORS OF SRM, HAVE A FAMILY RELATIONSHIP CLIFFORD W ILLIG, WILLIAM B NEAVES, DAVID M CHAO, RICHARD W BROWN, AND RODERICK L STURGEON, ALL DIRECTORS OF SRM, HAVE A BUSINESS RELATIONSHIP, THEY SERVE ON THE BOARD OF BIOMED VALLEY DISCOVERIES, INC RICHARD W BROWN, DAVID A WELTE, RODERICK L STURGEON, JAMES E STOWERS JR AND DAVID CHAO HAVE A BUSINESS RELATIONSHIP, THEY SERVE ON THE BOARD OF AMERICAN CENTURY COMPANIES, INC (''ACCI'') AS DESCRIBED IN RESPONSE TO SCHEDULE L, PART IV

Identifier	Return Reference	Explanation
PART VI, LINES 6 & 7A		SIMR IS SRM'S SOLE MEMBER AND ELECTS SRM'S BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
PART VI, LINE 11B		THE DATA AND INFORMATION NECESSARY TO PREPARE SRM'S FORM 990 IS COMPILED BY THE ACCOUNTING DEPARTMENT AND REVIEWED BY OUR TAX ATTORNEY AT BRYAN CAVE, LLP PWC, OUR EXTERNAL TAX PREPARERS, USE THIS INFORMATION TO PREPARE THE FORM 990 THE COMPLETED FORM 990, INCLUDING REQUIRED SCHEDULES, IS REVIEWED BY THE OFFICERS OF SRM BEFORE IT IS FILED WITH THE IRS AFTER THE PREPARATION AND REVIEW PROCESS DETAILED ABOVE, THE FORM 990, INCLUDING REQUIRED SCHEDULES, IS PROVIDED TO EACH VOTING MEMBER OF SRM'S BOARD BEFORE IT IS FILED WITH THE IRS

Identifier	Return Reference	Explanation
PART VI, LINE 12C		SRM HAS ADOPTED A "CONFLICTS OF INTEREST AND DIRECTOR INDEPENDENCE POLICY" EACH DIRECTOR, OFFICER, AND OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER DECISIONS OF SRM ARE REQUIRED TO ANNUALLY COMPLETE AND SIGN A DISCLOSURE STATEMENT A COVERED PERSON MUST DISCLOSE THE EXISTENCE OF A POTENTIAL CONFLICT AND ALL MATERIAL FACTS TO THE GOVERNING BOARD AS SOON AS THE PERSON HAS KNOWLEDGE THAT A POTENTIAL CONFLICT MIGHT EXIST SRM ALSO CONDUCTS PERIODIC AND ADHOC REVIEWS OF TRANSACTIONS AND AGREEMENTS TO ENSURE THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT ARE NOT CONSISTENT WITH ITS TAX-EXEMPT PURPOSE

Identifier	Return Reference	Explanation
PART VI, LINES 15A & 15B		THE PROCESS FOR DETERMINING THE REASONABLENESS OF THE COMPENSATION FOR SRM'S PRESIDENT, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER AND EXECUTIVE VICE-PRESIDENT/GENERAL COUNSEL INCLUDED RETAINING THE SERVICES OF A NATIONALLY KNOWN COMPENSATION CONSULTANT TO PROVIDE DATA AND ANALYSIS TO DETERMINE COMPARABLE SALARY AND BENEFITS FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS COMPENSATION FOR ALL POSITIONS WAS DOCUMENTED IN EMPLOYMENT CONTRACTS WHICH WERE APPROVED BY THE GOVERNING BODY AS DOCUMENTED IN THE OFFICIAL MINUTES THE LAST COMPLETED REVIEW PROCESS FOR ALL LISTED POSITIONS WAS IN 2012

Identifier	Return Reference	Explanation
PART VI, LINE 19		STOWERS RESOURCE MANAGEMENT INC 'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
PART VIII, LINE 2A		SRM RECEIVED EXPENSE REIMBURSEMENTS FROM SIMR, A 501(C)(3) RELATED ORGANIZATION, IN THE AMOUNT OF $18,899,203 FOR SUPPORT SERVICES PROVIDED BY SRM

Identifier	Return Reference	Explanation
PART VIII, LINE 2B		SRM RECEIVED EXPENSE REIMBURSEMENTS FROM BVD, A RELATED PARTY, IN THE AMOUNT OF $191,891 FOR ADMINISTRATIVE SUPPORT SERVICES PROVIDED BY SRM SRM ALLOCATED THE COSTS OF PROVIDING THESE SERVICES TO BVD

Identifier	Return Reference	Explanation
PART VIII, LINE 2C		SRM RECEIVED EXPENSE REIMBURSEMENTS FROM SPI, A RELATED PARTY, IN THE AMOUNT OF $12,000 FOR SUPPORT SERVICES PROVIDED BY SRM

Identifier	Return Reference	Explanation
PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	EQUITY TRANSFERS FROM RELATED 501(C)(2) ORG (NOTE 1) 13,236,319 ANNUITY PAYMENT TO SIMR 30,000,000 ACTUARIAL LOSS ON ANNUITY OBLIGATION (20,412,983) OTHER CHANGES IN NET ASSETS 22,823,336 NOTE 1 SRM RECEIVED PASS-THROUGH AMOUNTS FROM STOWERS REAL ESTATE HOLDING CORPORATION ("SREHC") SRM IS THE TAX EXEMPT PARENT OF SREHC SREHC IS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C) (2) OF THE CODE, AND AS SUCH, SREHC REMITS THEIR NET INCOME AND MAKES OTHER TRANSFERS TO ITS TAX EXEMPT PARENT, SRM SRM ACCRUED $1,236,319 OF SREHC 2012 NET INCOME, RECEIVED IN 2013, AND SRM RECEIVED A $12,000,000 EQUITY TRANSFER FROM SREHC IN 2012

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC

Employer identification number
41-2186719

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) STOWERS INSTITUTE FOR MEDICAL RESEARCH 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-3270502	MEDICAL RSRCH	DE	501(C)(3)	4	NA		No
(2) STOWERS REAL ESTATE HOLDING CORPORATION 1000 EAST 50TH STREET KANSAS CITY, MO 64110 26-1472230	TITLE HOLDING	DE	501(C)(2)	N/A	SRM	Yes	
(3) BIOMED VALLEY CORPORATION 1000 EAST 50TH STREET KANSAS CITY, MO 64110 74-3238244	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	SIMR		No
(4) STOWERS SCIENTIFIC EDUCATION INSTITUTE 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-5916445	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	SIMR		No
(5) STOWERS POLICY INSTITUTE INC 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-3270502	SEE PART VII	DE	501(C)(4)	N/A	SIMR		No
(6) THE GRADUATE SCHOOL OF SIMR 1000 EAST 50TH STREET KANSAS CITY, MO 64110 27-4482762	EDUCATION	DE	501(C)(3)	2	SIMR		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) AVANTI FUND LLC PO BOX 418210 KC, MO 64111 20-5617851	INVESTING	MO	NA	EXCLUDED	988,478	119,059,202		No	0		No	58 003 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) BIOMED VALLEY DISCOVERIES INC 4520 MAIN STREET STE 1650 KANSAS CITY, MO 64111 06-1646533	SEE PART VII	DE	BVC	C CORP			0 %		No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) STOWERS REAL ESTATE HOLDING CORPORATION	S	13,236,319	SEE PART VII

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
PART II, LINE 5, COLUMN B		STOWERS POLICY INSTITUTE INC ("SPI") IS AN ADVOCATE FOR A POLITICAL, ECONOMIC, AND SOCIAL ENVIRONMENT THAT ADVANCES AND PROTECTS BIOMEDICAL RESEARCH AND CURES
PART IV, COLUMN B		BIOMED VALLEY DISCOVERIES INC 'S PRIMARY ACTIVITY IS DEVELOPMENT AND MARKETING OF SCIENTIFIC DISCOVERIES BIOMED VALLEY CORPORATION IS 100% SHAREHOLDER OF BVD
PART V, LINE 1, COLUMN D		SRM RECEIVED PASS-THROUGH AMOUNTS FROM STOWERS REAL ESTATE HOLDING CORPORATION ("SREHC") SRM IS THE TAX EXEMPT PARENT OF SREHC SREHC IS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(2) OF THE CODE, AND AS SUCH, SREHC REMITS THEIR NET INCOME AND MAKES OTHER TRANSFERS TO ITS TAX EXEMPT PARENT, SRM SRM ACCRUED $1,236,319 OF SREHC 2012 NET INCOME, RECEIVED IN 2013, AND SRM RECEIVED A $12,000,000 EQUITY TRANSFER FROM SREHC IN 2012

Additional Data Return to Form

Software ID:
Software Version:
EIN: 41-2186719
Name: STOWERS RESOURCE MANAGEMENT INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
(1) STOWERS INSTITUTE FOR MEDICAL RESEARCH 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-3270502	MEDICAL RSRCH	DE	501(C)(3)	4	NA	No
(2) STOWERS REAL ESTATE HOLDING CORPORATION 1000 EAST 50TH STREET KANSAS CITY, MO 64110 26-1472230	TITLE HOLDING	DE	501(C)(2)	N/A	SRM Yes	
(3) BIOMED VALLEY CORPORATION 1000 EAST 50TH STREET KANSAS CITY, MO 64110 74-3238244	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	SIMR	No
(4) STOWERS SCIENTIFIC EDUCATION INSTITUTE 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-5916445	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	SIMR	No
(5) STOWERS POLICY INSTITUTE INC 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-3270502	SEE PART VII	DE	501(C)(4)	N/A	SIMR	No
(6) THE GRADUATE SCHOOL OF SIMR 1000 EAST 50TH STREET KANSAS CITY, MO 64110 27-4482762	EDUCATION	DE	501(C)(3)	2	SIMR	No